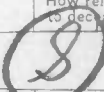
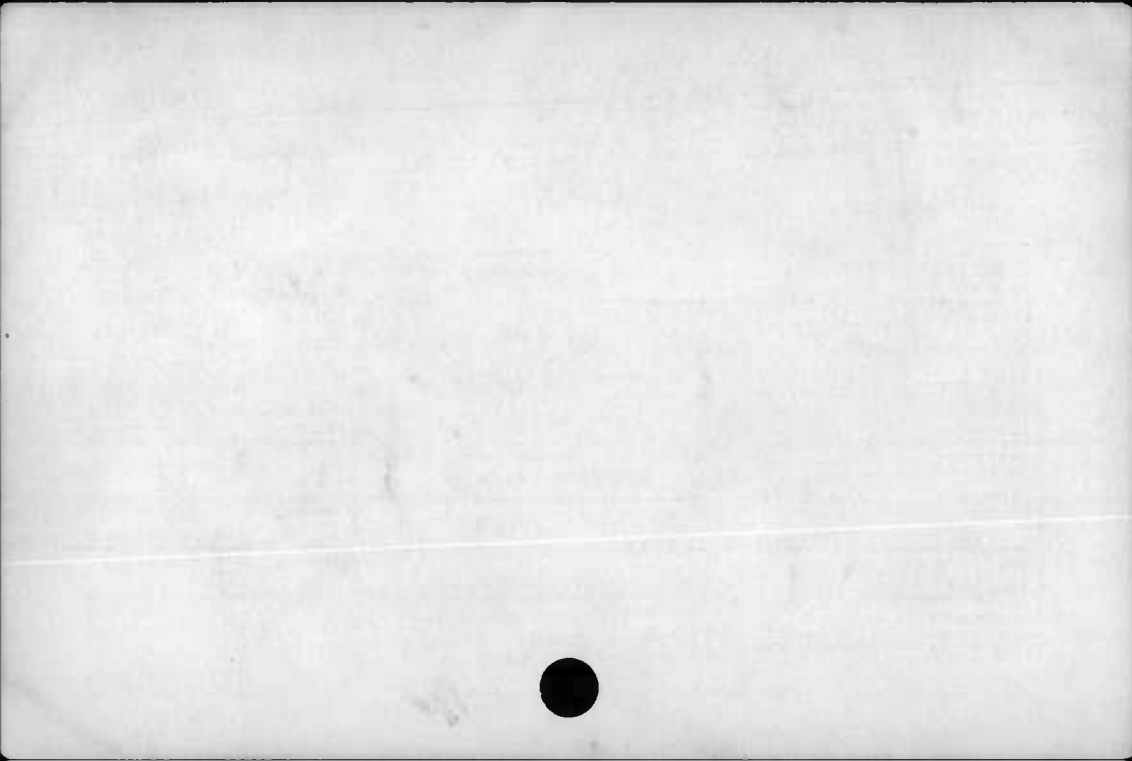


Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Deal Island</u> ^{Town}		County <u>Somerset</u>		State <u>MARYLAND</u>
	Date of death	<u>1907</u> ^{Month} <u>7</u> ^{Day} <u>Mich</u>	Age <u>4</u> ^{Years}	<u>5</u> ^{Months}	<u>5</u> ^{Days}
	Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Deal Island</u>		
	Occupation _____		Where Residing if not at place of death _____		
	Married, Single or Widowed _____	Name of Wife or Husband _____			
	Father's Name <u>Johnny Benton</u>	Father's Birthplace <u>Deal Island</u>			
	Mother's Maiden Name <u>Annie Harris</u>	Mother's Birthplace <u>Deal Island</u>			
	Name of person giving information <u>Wm. Horner</u>	How related to deceased <u>Nephew</u>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">  </div>					
PHYSICIAN OR CORONER	Primary	<u>Hydrocephalus (probably)</u>		How long	<u>Don't know</u>
	Immediate	<u>Dead sometime before birth</u>		How long	<u>" "</u>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. J. Alexander</u>		
	<u>Yes -</u>		Address <u>Somerset Co.</u>		
	Accident or Suicide? <u>—</u>				



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Crisfield</i>		County <i>Bradshaw</i> <i>Somerset</i>		MARYLAND	
Date of death		Month <i>March</i>	Day <i>24</i>	Years <i>4</i>	Months		Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Crisfield Md.</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Child</i>		Name of Wife or Husband		<i>12345</i>			
Father's Name <i>William G Bradshaw</i>		Father's Birthplace <i>Crisfield</i>					
Mother's Maiden Name <i>Hattie Sterling</i>		Mother's Birthplace <i>Crisfield</i>					
Name of person giving information <i>William G Bradshaw</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>10 days</i>
Immediate	<i>Cerebrospinal Meningitis</i>	How long
Are the name, age, sex, color, date and place correctly given above?		
<i>Yes</i>		
Signature of Physician <i>C. S. Collins</i>		Address <i>Crisfield</i>
Accident or Suicide?		



Name
in
Full

William James Luther Burleigh

CERTIFICATE OF DEATH

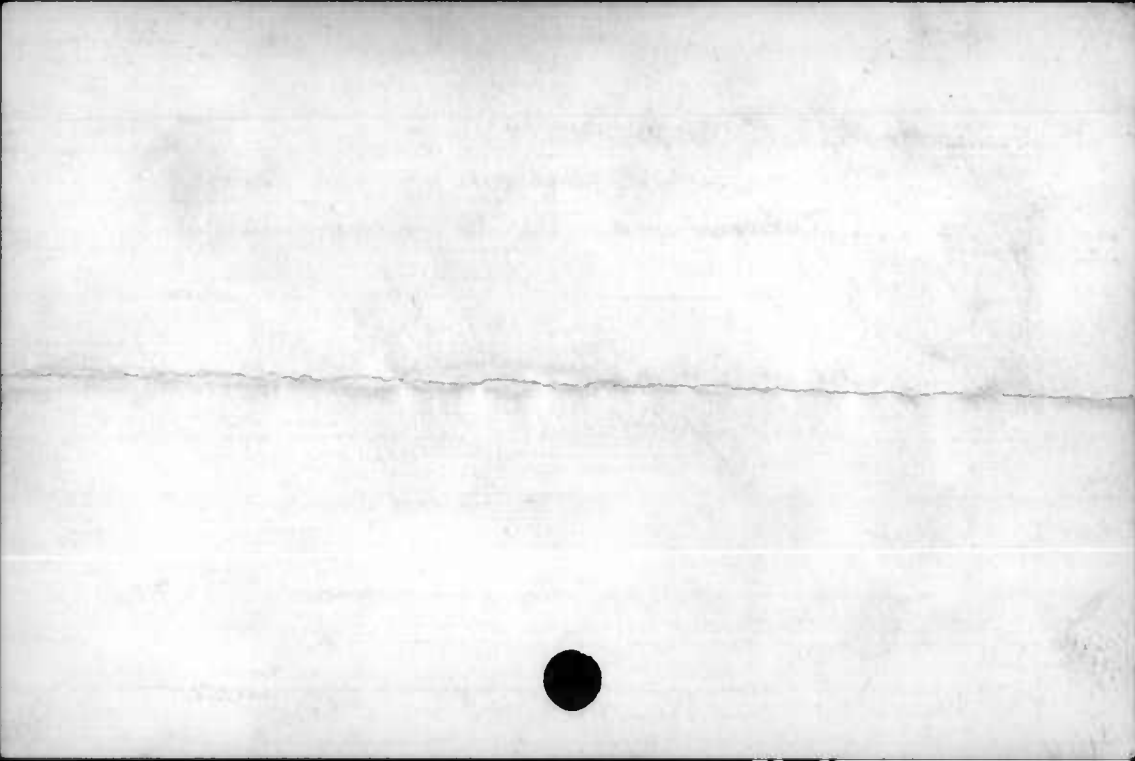
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Vernon		County Somerset		MARYLAND	
Date of death		1907	Month March	Day 14	Age	Years	Months 8
Sex		Male		Color or Race		Colored	
Occupation		←		Where Residing if not at place of death		←	
Married, Single or Widowed		Single		Name of Wife or Husband		←	
Father's Name		James Burleigh		Father's Birthplace		Md	
Mother's Maiden Name		Ellen Hughes		Mother's Birthplace		Md	
Name of person giving information		Nancy Bailey		How related to deceased		Aunt	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	←	How long	3 days
Immediate	Convulsions	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Henry M. Jacobson M.D.	
Address		Bryces Avenue Md	
Accident or Suicide?		No	



Name
in
Full

Thomas James Cooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lawsonia		County Somerset		MARYLAND	
Date of death		190	Month March	Day 4	Age 3	Years 3	Months 3
Sex Male		Color or Race White		Birth place Lawsonia			
Occupation None		Where Residing If not at place of death		Lawsonia			
Married, Single or Widowed Single		Name of Wife or Husband None					
Father's Name John Cooke		Father's Birthplace Lawsonia					
Mother's Maiden Name Mona Connor		Mother's Birthplace Somerset Co.					
Name of person giving information John Cooke		How related to deceased Father					

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary Laryngeal diphtheria	How long 2 days
Immediate Pneumonia & asthma	How long →
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm. H. Coulbourn
	Address Crisfield, Md
Accident or Suicide? Neither	



Name
in
Full

CERTIFICATE OF DEATH

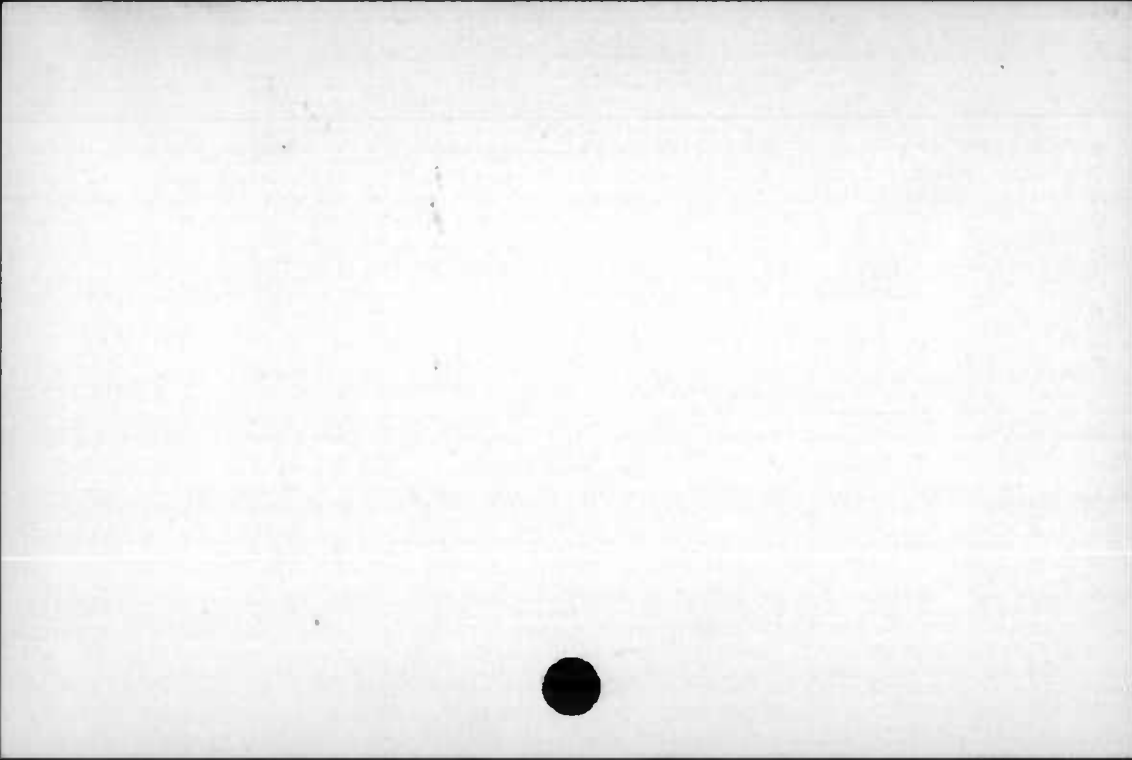
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lawsonia</i>		County <i>Somerset</i>		MARYLAND	
Date of death		1907	Month <i>Mar</i>	Day <i>9</i>	Age <i>17</i>	Years <i>3</i>	Months <i>12</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Lawsonia Md</i>			
Occupation <i>Engineer, shirt factory</i>		Where Residing if not at place of death <i>Lawsonia</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Josiah S Cullen</i>		Father's Birthplace <i>Lawsonia Md</i>					
Mother's Maiden Name <i>Bora L. Lawson</i>		Mother's Birthplace <i>Lawsonia Md</i>					
Name of person giving information <i>Josiah S Cullen</i>		How related to deceased <i>father</i>					

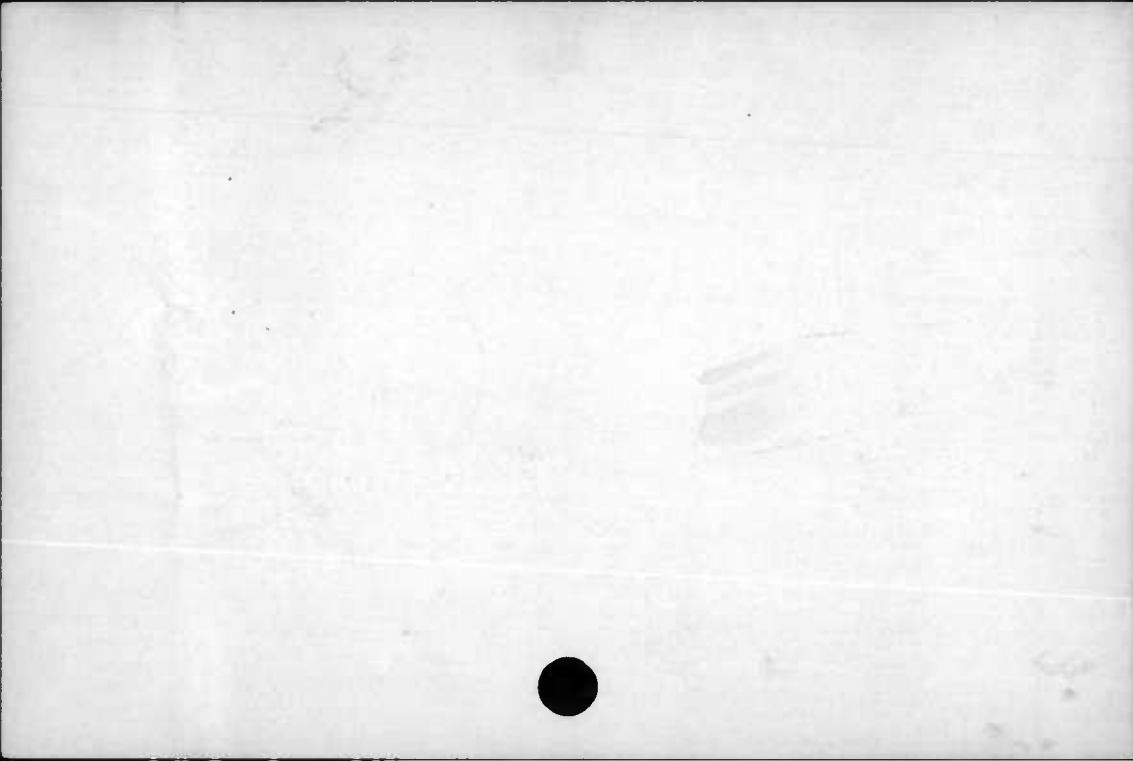
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebro-Spinal Meningitis</i>	How long <i>2 days</i>
Immediate	<i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?		
<i>yes</i>		
Signature of Physician <i>W F Hall</i>		Address <i>Croftland Md</i>
Accident or Suicide?		
<i>no</i>		



Name in Full		Jno W Cottman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town Marion		County Somerset		MARYLAND		
		Date of death 190 7		Month Mch	Day 1	Age 30	Years 11	Months 5
		Sex Male		Color or Race Colored		Birth- place Somerset Co		
		Occupation Laborer		Where Residing if not at place of death				
		Married, Single or Widowed Single		Name of Wife or Husband none				
		Father's Name Jeffrey Cottman		Father's Birthplace Somerset Co				
		Mother's Maiden Name Sallie Jones		Mother's Birthplace Somerset Co				
		Name of person giving In formation Wheatley Cottman		How related to deceased Brother				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Tuberculosis + Pneumonia				How long 4 weeks		
		Immediate Heart Failure				How long		
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr J. J. Allen				
				Address Marion Sta Maryland				
		Accident or Suicide?						



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

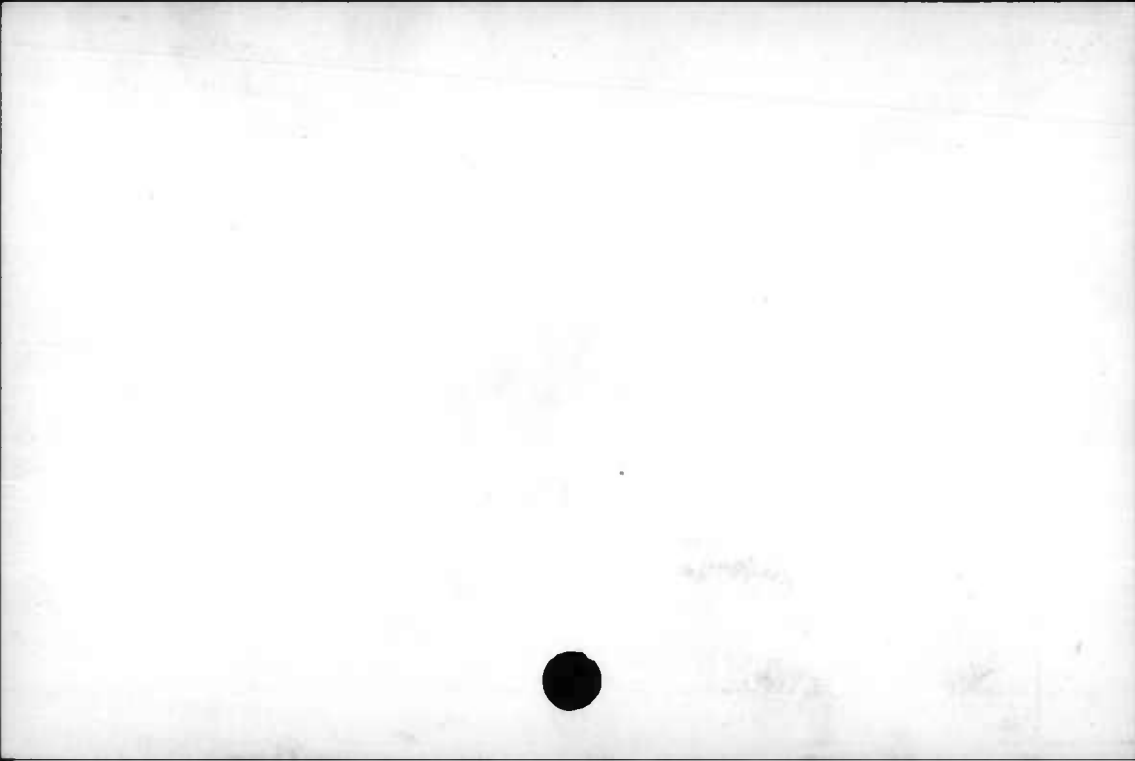
Died at <i>Pennsula Junction</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>21</i>	Years <i>15</i>	Months <i>6</i>	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>Labour</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Riley Curtis</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Catherine Duff</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Riley Curtis</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

179

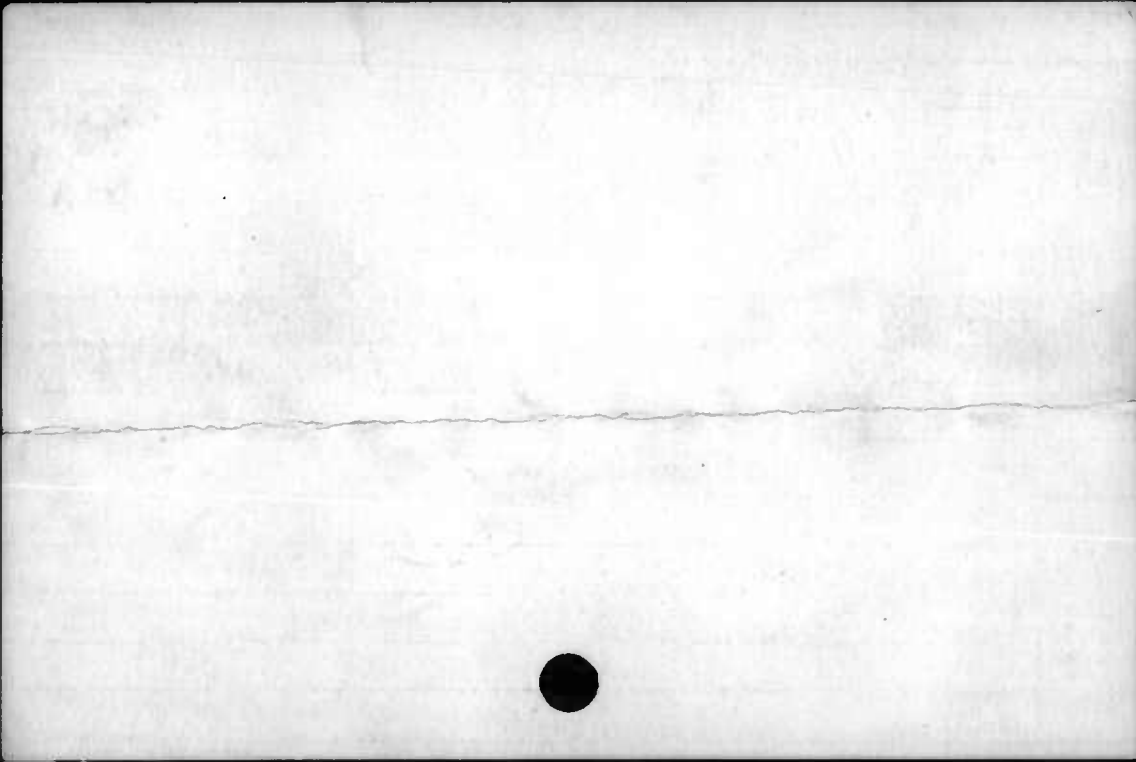
PHYSICIAN
OR CORONER

Primary <i>Acute Inflammatory Rheumatism followed by general suppuration, this caused by pulmonary tuberculosis</i>	How long <i>Since last October</i>
Immediate <i>Several Asthmatic & Heart failure</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. T. Fisher, M.D.</i>
	Address <i>Princeps Place, Ind.</i>
Accident or Suicide?	



Name in Full Heziah Dutton		Town Net Vernon		County Somerset		CERTIFICATE OF DEATH	
Died at Net Vernon		Month March		Day 7		Age 75	
Date of death 1907		Months 7		Days 75		MARYLAND	
Sex Female		Color or Race Colored		Birth-place Maryland			
Occupation Housewife		Where Residing if not at place of death <input checked="" type="checkbox"/>					
Married, Single or Widowed Married		Name of Wife or Husband George A. Dutton					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information Wm A. Hubbard		How related to deceased Not related					

CAUSES OF DEATH			
Primary Old age		How long 154	
Immediate Asphyxiation		How long 1 week	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Henry M. Sanford M.D.	
		Address Princes Anne Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

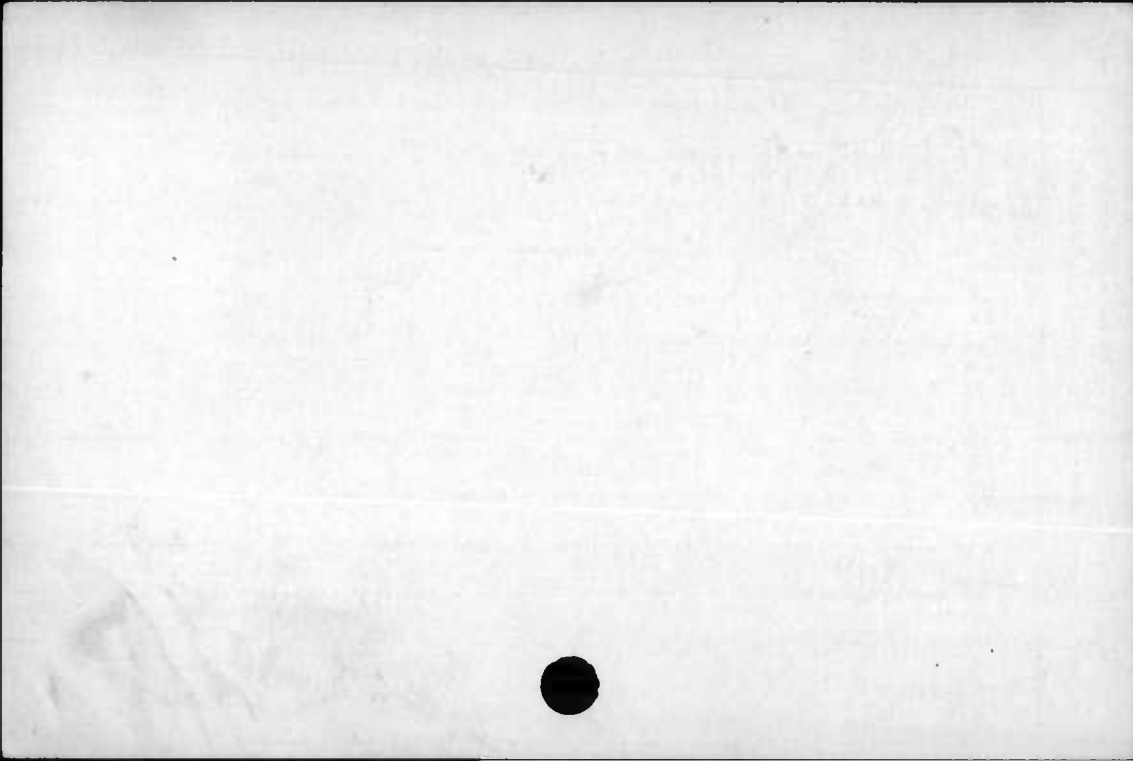
Died at <i>Chance</i>		Town		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>16</i>	Age <i>5</i>	Years	Months <i>9</i>	Days <i>14</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>Chance Md.</i>						
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>						
Father's Name <i>Richard B. Jones</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Fressie G. Jones</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Fressie G. Jones</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

⑨

PHYSICIAN
OR CORONER

Primary <i>Diptheria</i>	How long <i>2 days</i>
Immediate <i>asphyxia</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. J. Windsor</i>
	Address <i>Chance, Md.</i>
Accident or Suicide?	



Name
in
Full

Hester, Gale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

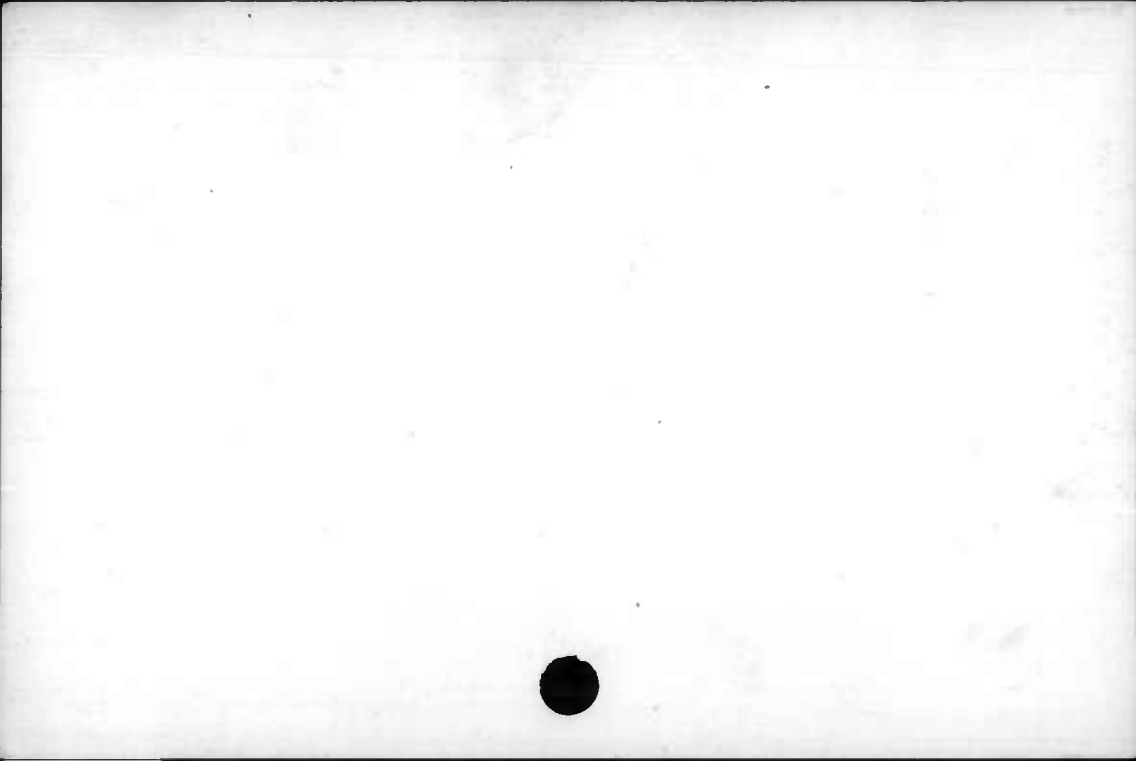
Died at		Town Chambers		County Somerset		MARYLAND	
Date of death		1907	Month March	Day 16th	Age 75	Months	Days
Sex Female		Color or Race Colored		Birth-place Som. Co.			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Gee. Gale					
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving information John H. Jones				How related to deceased Son-in-law			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	2 years
Immediate	asthenic	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Accident or Suicide?		No	
Signature of Physician		S. J. Wunders, M.D.	
Address		Rm 202 Somerset Co., Md.	



Name
in
Full

122

CERTIFICATE OF DEATH

Daniel Sordy

Town

County

MARYLAND

Died at

Revelles Neck

Somerset

Date

Month

Day

Years

Months

Days

of death

1907

March

13

Age

(?) About 70

Sex

male

Color or
Race

Black

Birth-
place

ind.

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

married

Name of Wife or
Husband

Leah Sordy

Father's
Name

Unknown.

Father's
Birthplace

—

Mother's
Maiden Name

Unknown

Mother's
Birthplace

—

Name of person giving
Information

Wm. Handy

How related
to deceased

Son-in-law

CAUSES OF DEATH

(91)

Primary

Senility & Senile dementia

How long

2 yrs.

Immediate

Chronic Bronchitis

How long

6 or 8 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Charles Fisher, M.D.

Address

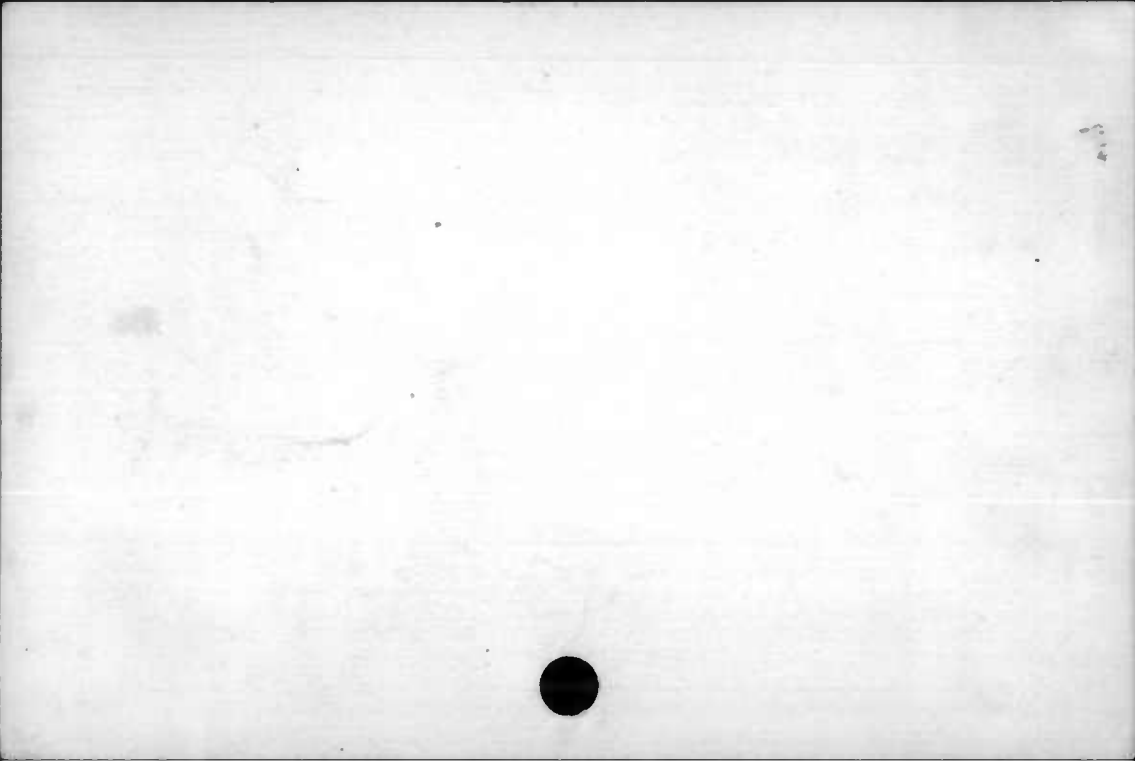
Princess Anne, Md

Accident or Suicide?

V

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Margaret Anne Standy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

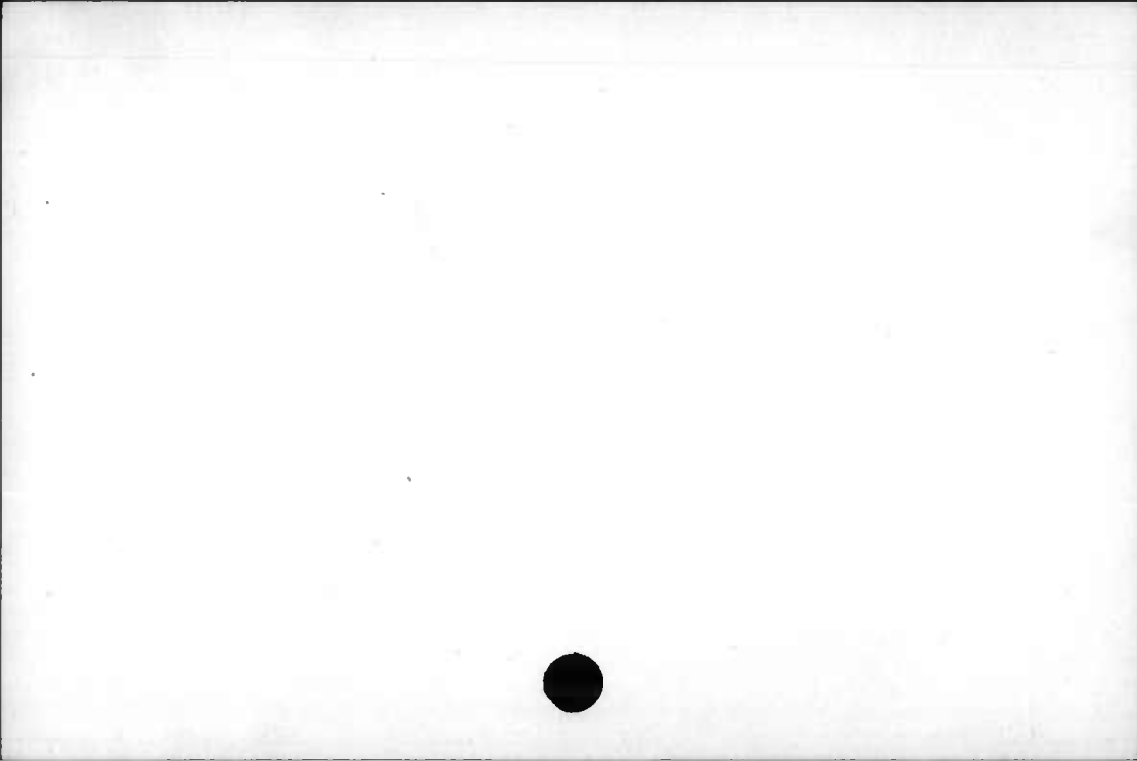
Died at <i>New Orleans</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Feb</i>	Day <i>11</i>	Age <i>49</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Housework</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Edith Ann</i>				
Father's Name <i>Joseph Shultz</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>John Boccia</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Henry Crawford</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Don't know (no Dr. in attendance)</i>	How long <i>Several months</i>
Immediate	<i>Came home from City sick</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. F. Smith (not in attendance)</i>	
	Address <i>New Orleans</i>	
Accident or Suicide?		



Name
in
Full

Eda Hooley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke, Md.</i>		Town <i>Pocomoke, Md.</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov.</i>	Day <i>22nd</i>	Age <i>12</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Somerset</i>				
Occupation <i>none</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>single</i>	Name of Wife or Husband						
Father's Name <i>George Hooley</i>	Father's Birthplace <i>Somerset</i>						
Mother's Maiden Name <i>Mary Redden</i>	Mother's Birthplace <i>Virginia</i>						
Name of person giving information <i>John T. Hooley</i>	How related to deceased <i>Uncle</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pertussis + Tuberculosis</i>	How long <i>2 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. W. C. Greening</i>
	Address <i>Pocomoke Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

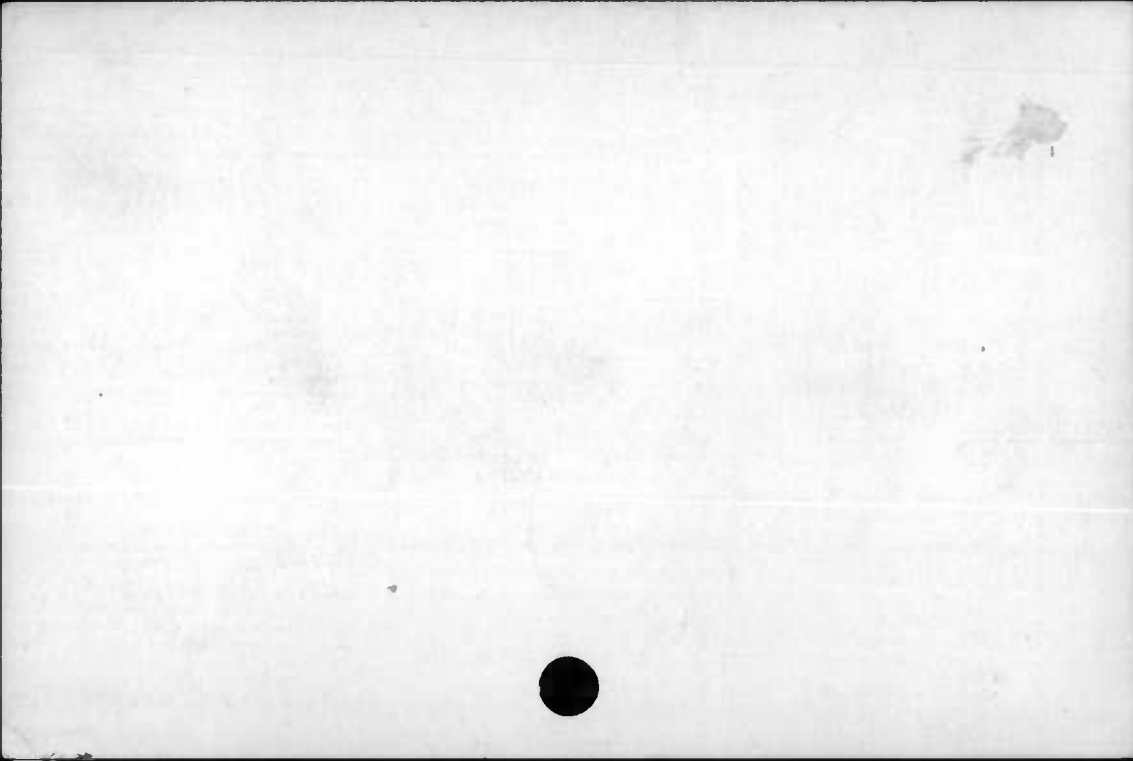
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chance P.O.</i>		Town <i>P.O.</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>3</i>		Age <i>40</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth place <i>md</i>			
Occupation <i>Mariner</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>House Lenard</i>					
Father's Name <i>Geo. T. Jones</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Supie Price</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>House W. Jones</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis, Consumption</i>	How long <i>8 months</i>
Immediate	<i>Asthma</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. G. Winsor M.D.</i>
		Address <i>Danvers Inotter Md.</i>
Accident or Suicide?		



Name
in
Full

Alice King

CERTIFICATE OF DEATH

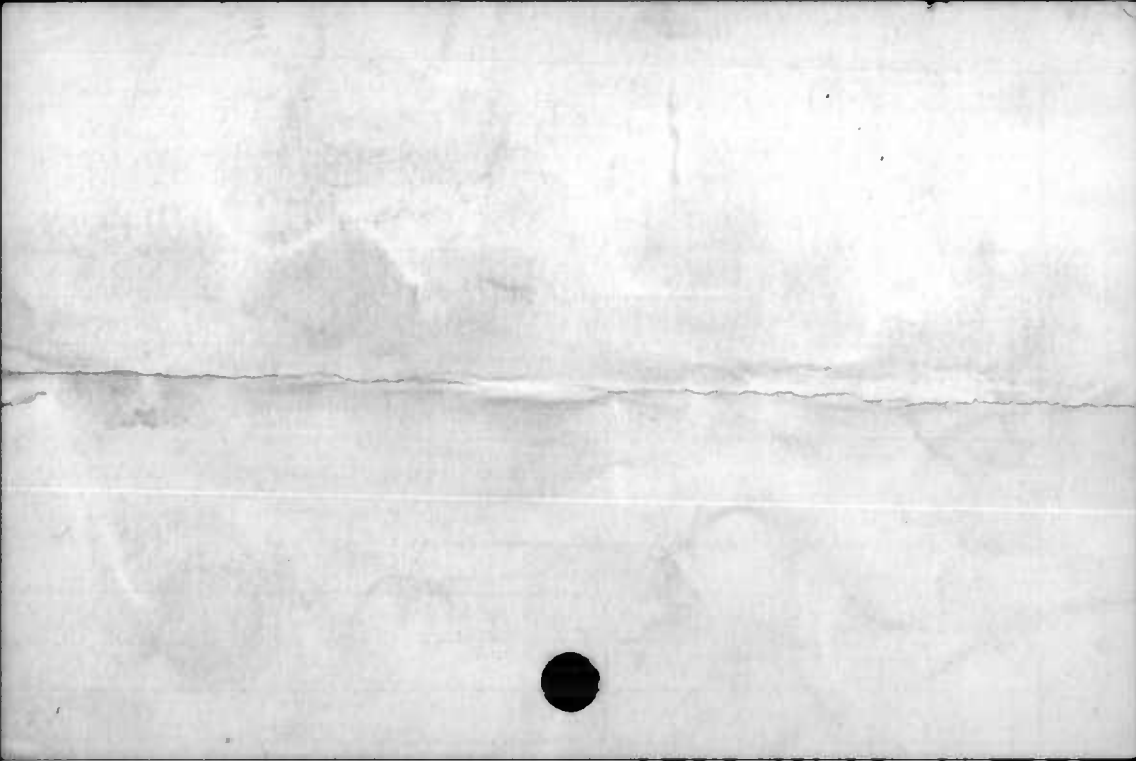
TO BE ANSWERED BY
NEAREST FRIEND

Died at Wt Vernon <small>Town</small>		Somerset <small>County</small>		MARYLAND	
Date of death 1907 <small>Month</small> March		7 <small>Day</small>		4 <small>Years</small>	
Female <small>Sex</small>		Colored <small>Color or Race</small>		md <small>Birth-place</small>	
✓ <small>Occupation</small>		✓ <small>Where Residing if not at place of death</small>			
Single <small>Married, Single or Widowed</small>		✓ <small>Name of Wife or Husband</small>			
Geo W. King <small>Father's Name</small>		md <small>Father's Birthplace</small>			
Dora Barclay <small>Mother's Maiden Name</small>		md <small>Mother's Birthplace</small>			
Geo W. King <small>Name of person giving information</small>		father <small>How related to deceased</small>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	(120)	How long	1 month
Immediate	Uremia		How long	20 days
Are the name, age, sex, color, date and place correctly given above?		yes		
		Signature of Physician Henry M. Laubford		
		Address Princess Anne md.		
Accident or Suicide?		no		



Name

in
Full

Emma Elizabeth Lewis

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Cowell

Somerset

Date

Month

Day

Years

Months

Days

of death

1907

March

27

Age

0

0

25

Sex

Female

Color or
Race

White

Birth-
place

Cowell, Md

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles Lewis

Father's
Birthplace

Oxford, Penn.

Mother's
Maiden Name

Carrie Emma Herley

Mother's
Birthplace

Urbana, Md

Name of person giving
Information

Carrie Emma Lewis

How related
to deceased

Mother

CAUSES OF DEATH

8

Primary

Pertussis

How long

2 weeks

Immediate

Broncho-pneumonia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

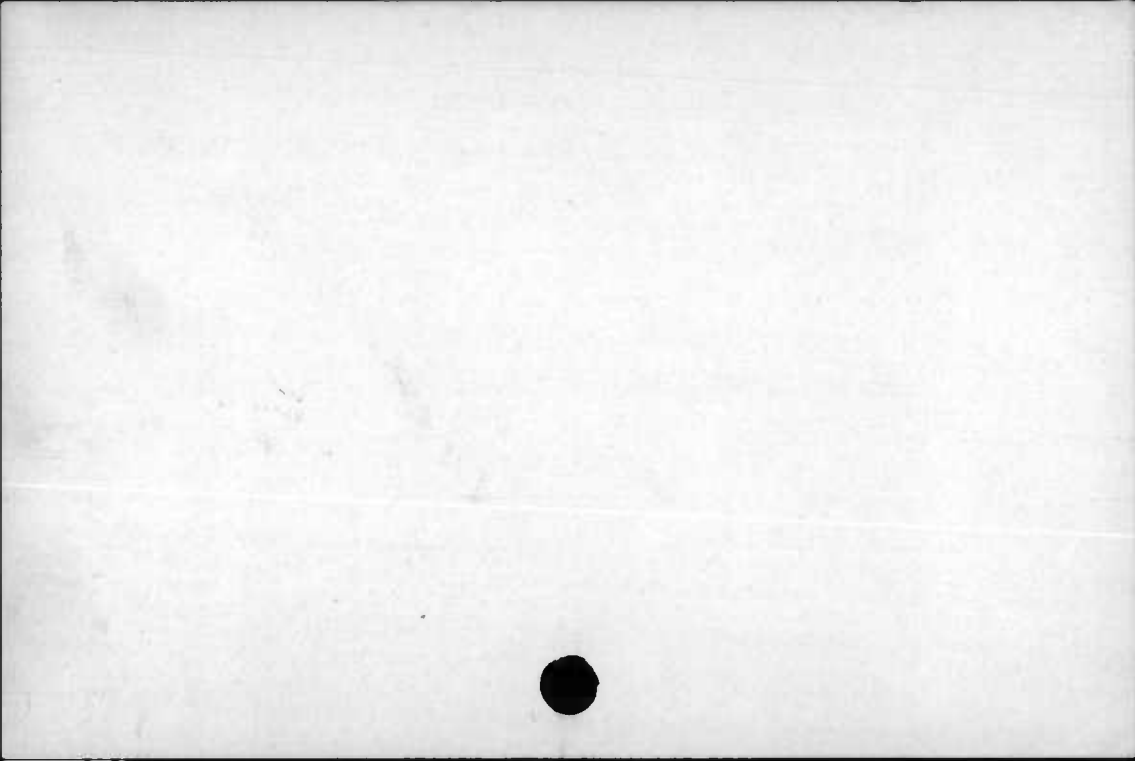
R. H. Paves

Address

Cowell (Somerset Island)
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

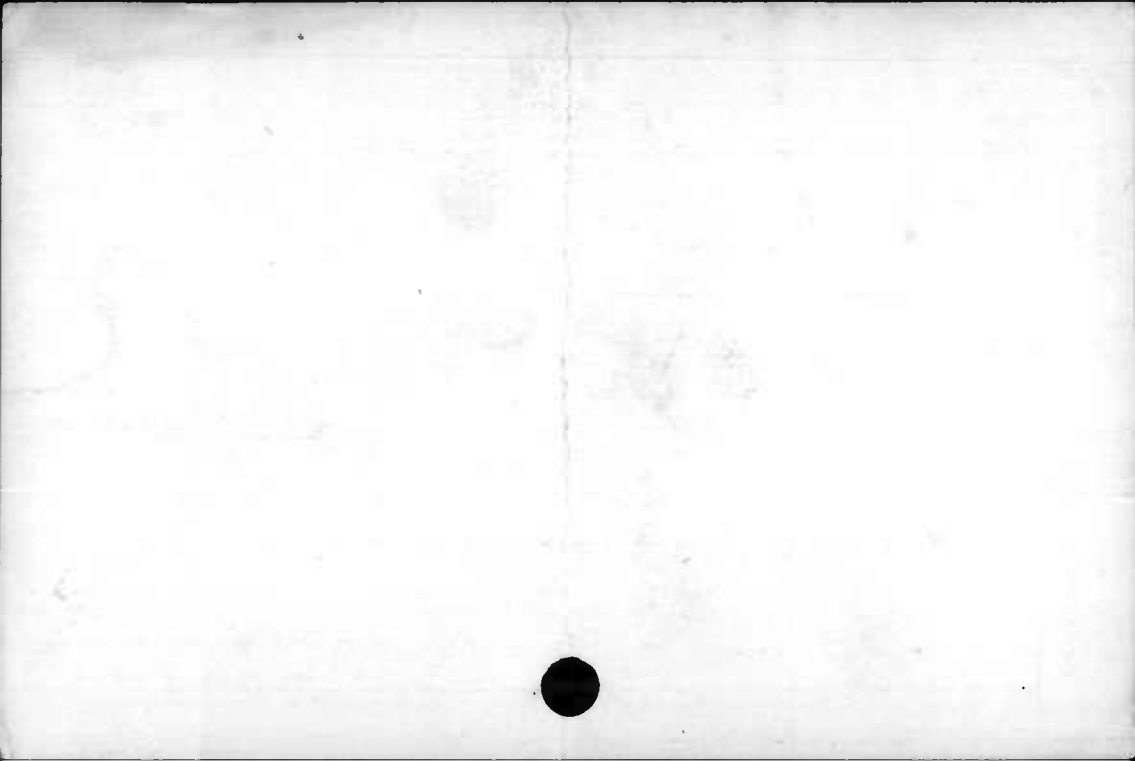
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>	
Date of death	1907	Month	March	Day	4
Age	78	Years		Months	
Sex	male	Color or Race	Black	Birth-place	Frederick
Occupation	Cypherman	Where Residing if not at place of death <i>Frederick</i>			
Married, Single	Single	Name of Wife or Husband	<i>Henry Maddy</i>		
Father's Name	<i>John Maddy</i>			Father's Birthplace	<i>Frederick</i>
Mother's Maiden Name	<i>Henry Sadler</i>			Mother's Birthplace	<i>Frederick</i>
Name of person giving information	<i>Geo. Hale</i>			How related to deceased	<i>None</i>

CAUSES OF DEATH

Primary	<i>Paralysis</i>	How long	<i>Three days</i>
Immediate	<i>Paralysis</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. S. M. Williams</i>	
		Address	
		<i>Upper Frederick</i>	
Accident or Suicide?			
<i>Neither</i>		<i>Frederick Co. Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

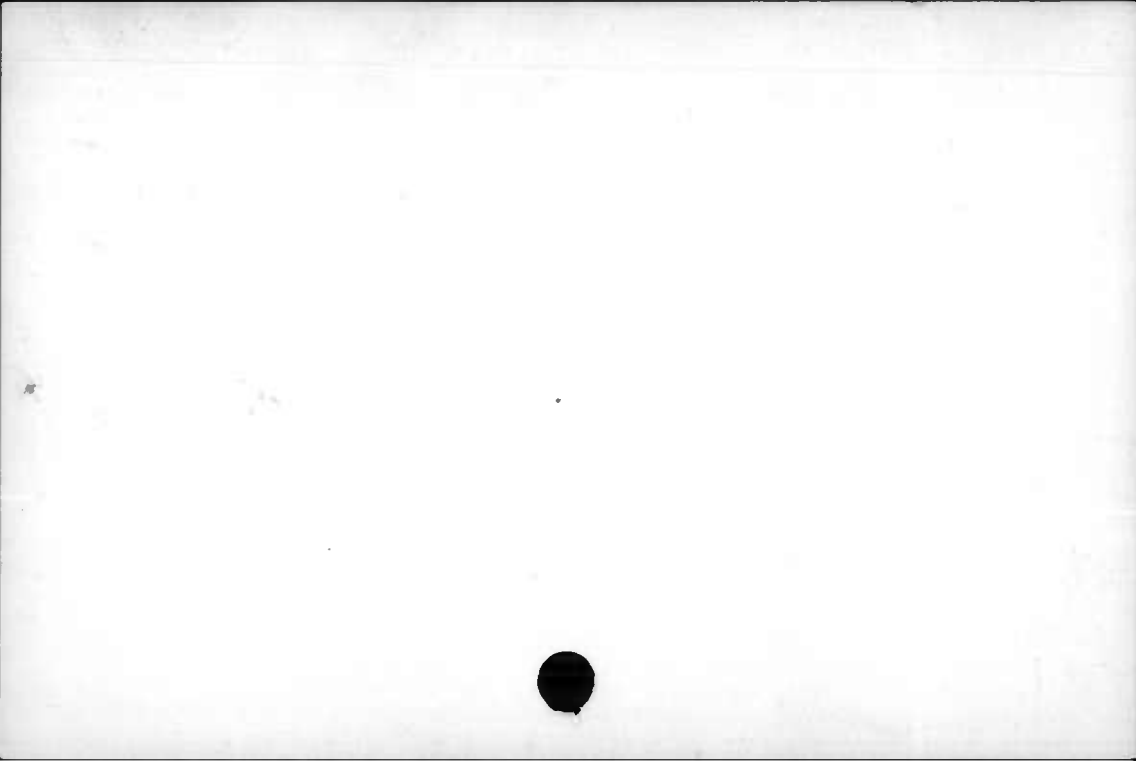
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shelldown</i> ^{Town}		<i>Merritt</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>25</i>	Age <i>infant</i> ^{Years}	Months	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Shelldown</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>William Merritt</i>		<i>S</i>		Father's Birthplace <i>Id</i>	
Mother's Maiden Name <i>Mary Riggan</i>				Mother's Birthplace	
Name of person giving information <i>William Merritt</i>				How related to deceased <i>father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	<i>S</i>	How long
Immediate	<i>Premature Birth</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Samuel S. Lums</i>	
		Address <i>Providence City, Md</i>	
Accident or Suicide?			



Name
in
Full

Littleton Mills

124

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

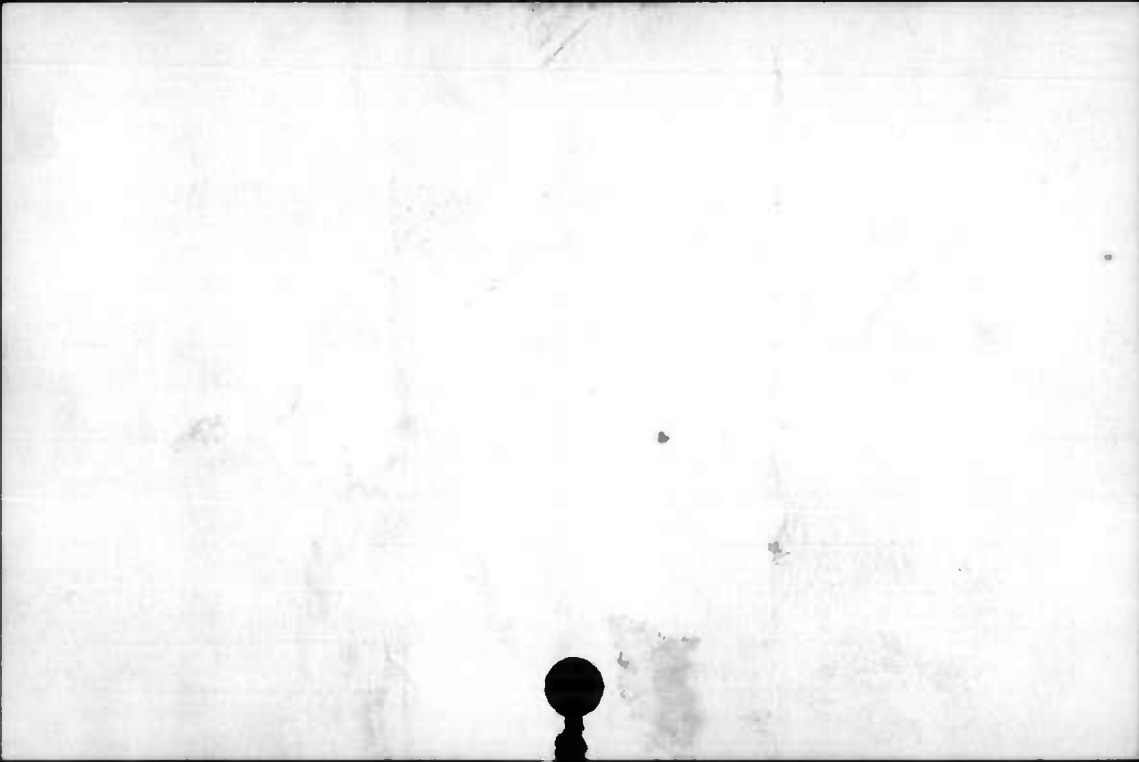
Died at <i>near Beomoke</i>		Town <i>Beomoke</i>		County <i>Somerset</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>March</i>	Day <i>20</i>	Age <i>74</i>	Years	Months <i>2</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Somerset Co Md</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>At place of death</i>						
Married, <i>Yes</i>	Name of Wife or Husband <i>Elizabeth Henderson</i>						
Father's Name <i>William Mills</i>	Father's Birthplace <i>Somerset Co Md</i>						
Mother's Maiden Name <i>Lallie Hall</i>	Mother's Birthplace <i>Somerset Co Md</i>						
Name of person giving Information <i>Henry Henderson</i>	How related to deceased <i>Brother-in-law</i>						

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary <i>Malarial Fever & neuralgia</i>	How long <i>10 days</i>
Immediate <i>collapse or failure of vital forces</i>	How long <i>about 2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Isaac T. Boston</i>
	Address <i>Beomoke Md</i>
Accident <i>Yes</i>	



Name
in
Full

Ruby Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Lawsonia		Somerset		MARYLAND	
Date of death	1907	Month	Mar	Day	27	Years	27
Sex	Female	Color or Race	White	Birth-place	Lawsonia Md	Months	16
Occupation	Shirt Factory			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	George Washington Sterling			Father's Birthplace			
Mother's Maiden Name	Mary Jane Ward			Mother's Birthplace			
Name of person giving information	Geo W Sterling			How related to deceased			
						(61)	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebro-Spinal Meningitis		How long	5 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. F. Hall
			Address	Prinfield Md
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

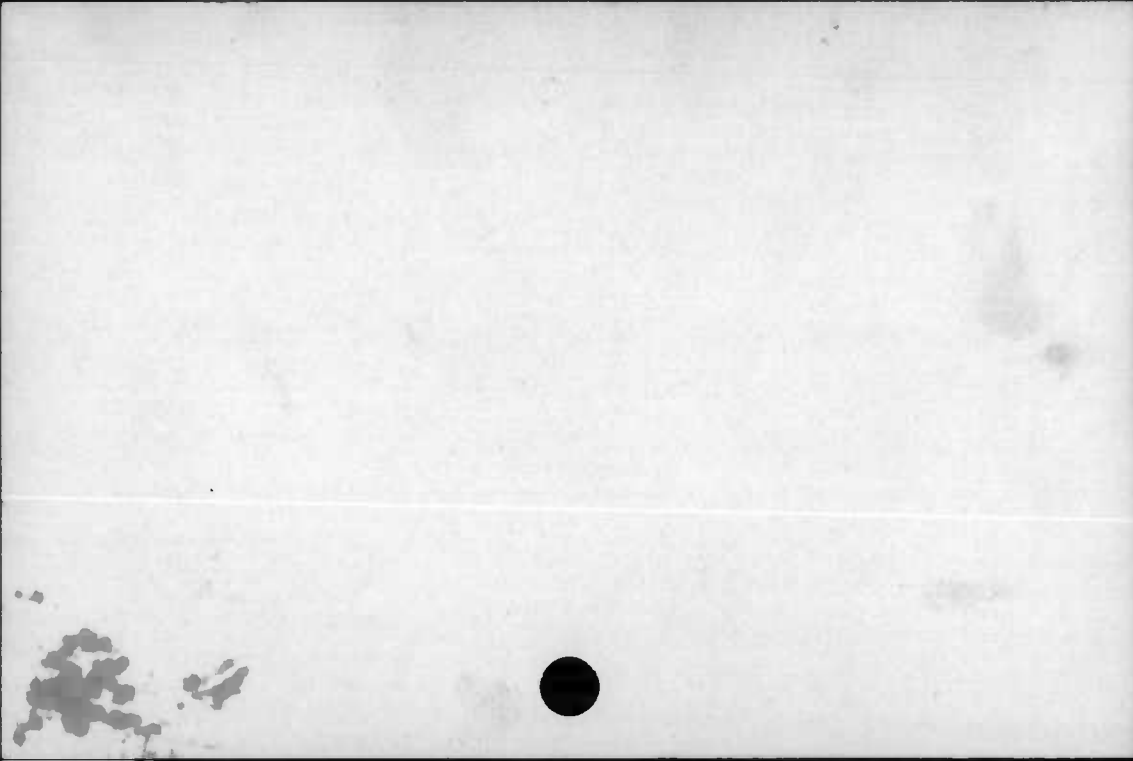
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baby Tyler</i>		Town <i>Byrd town</i>		County <i>Somerset</i>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>Nov</i>	Day <i>22</i>	Age <i>—</i>	Months <i>—</i>	Days <i>2</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Lawsonia</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>W. E. Tyler</i>	Father's Birthplace <i>Lawsonia Md</i>						
Mother's Maiden Name <i>Monie Riggins</i>	Mother's Birthplace <i>Lawsonia</i>						
Name of person giving information <i>W. E. Tyler</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>asthenia</i>	How long	<i>2 days</i>
Immediate	<i>asthenia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm H. Boudbouse</i>
		Address	<i>Crofted Md</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

Rachel J. Warren

128

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Pocomon</u>		Town <u>Somerset</u>		County		MARYLAND	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>19</u>	Years <u>28</u>	Months		Days	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Delanor</u>			
Occupation <u>housewife</u>		Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>		Name of Wife ^{Husband} <u>Rudell Warren</u>					
Father's Name <u>Mr Christopher</u>		Father's Birthplace <u>Del.</u>					
Mother's Maiden Name <u>Unit Penn</u>		Mother's Birthplace <u>-</u>					
Name of person giving information <u>Jno. P. Warren</u>		How related to deceased <u>Son</u>					

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary <u>Fluor mening</u>	How long <u>5 mon.</u>
Immediate <u>Bright's disease</u>	How long <u>General symptoms 2 or 3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. W. Willis</u>
	Address <u>Proctor City Md.</u>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

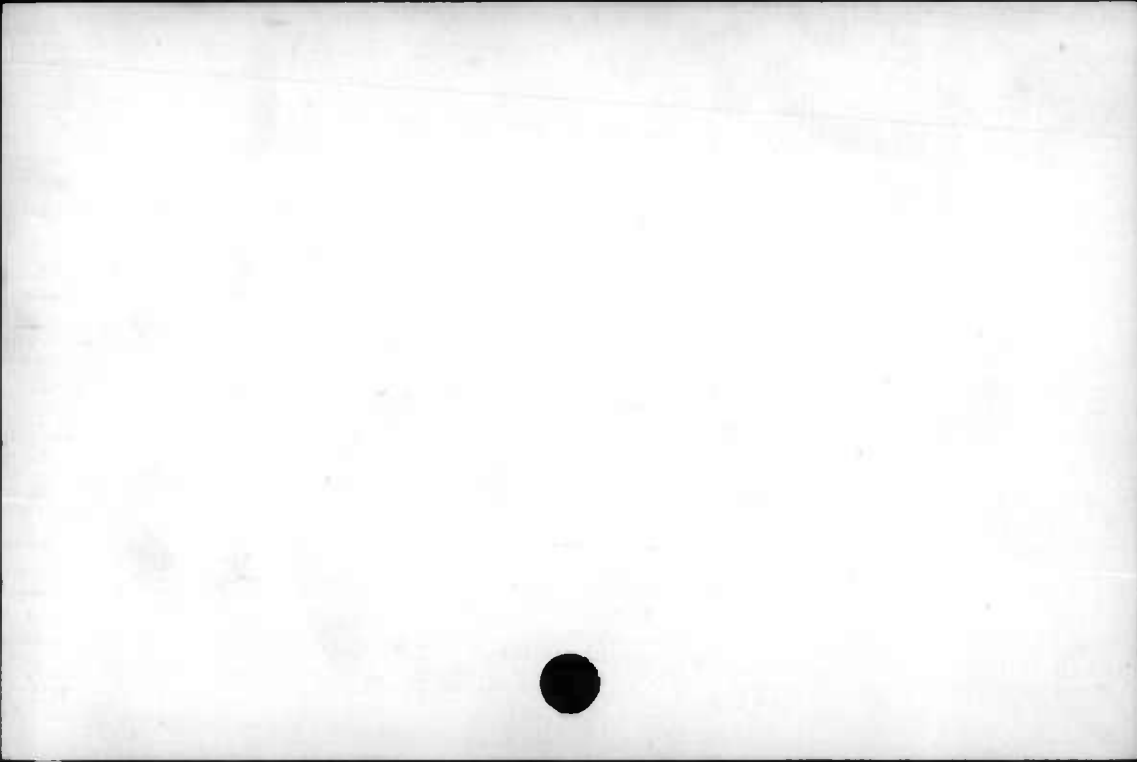
Died at <i>Deal Island</i> <i>Somerset</i> County		MARYLAND	
Date of death	1907	Month	March
	Day	14	Age
	Years	19	Months
	Days		
Sex	<i>Female</i>	Color or Race	<i>White</i>
Occupation	<i>School Teacher</i>	Birth-place	<i>Baltimore</i>
Where Residing if not at place of death		<i>at place of death</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	
Father's Name	<i>Geo. W. Windsor</i>	Father's Birthplace	<i>Deal Island.</i>
Mother's Maiden Name	<i>Sarah B. Webster</i>	Mother's Birthplace	<i>Deal Island.</i>
Name of person giving information	<i>Indiana F. White -</i>	How related to deceased	<i>Aunt</i>

CAUSES OF DEATH

(108)

PHYSICIAN
OR CORONER

Primary	<i>Intussusception, Peritonitis.</i>	How long	<i>4 days -</i>
Immediate	<i>Pericerebral hemorrhage -</i>	How long	<i>48 hrs. after</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		<i>J. H. Alexander,</i> <i>Somerset Co. Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Gabriel Wright</i>		Town <i>Chance</i>		County <i>Somerset</i>		State <i>MARYLAND</i>	
Died at		Month <i>March</i>		Day <i>12</i>		Years <i>53</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>MD</i>			
Occupation <i>Mariner</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lovie Wright</i>					
Father's Name <i>Steward Wright</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Lovie Wilson</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Jas Wright</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Cancer of stomach</i>	How long	<i>1 year</i>
Immediate	<i>Same</i>	How long	<i>Same</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Wilson MD</i>	
		Address <i>1000 1st St S.W.</i>	
Accident or Suicide?		✓ <i>Somerset MD</i>	

